



Health Department Voucher for HumanaVitality Members

Height	Blood Pressure
Weight	Glucose Screening *
Waist Circumference	Cholesterol Screening *
Individual Patient Report (member brochure)	

* For the Cholesterol and Glucose Screenings, fasting 9-12 hours prior to your screening is encouraged. To the extent your health permits, no food should be consumed during this time but we strongly encourage you to drink plenty of water.

Visit LivingWell.ky.gov or call 1.877.597.7474 to find the Local Health Department closest to you.

MANDATORY DOCUMENTS TO BRING:

1. When visiting the Health Department, please bring this **Health Department Voucher** along with **Photo Identification** (example – Driver's License), and **Humana ID Card**.
2. You will register as a patient. When prompted as to the reason for your visit, specify "biometric Screening." When you are seen by the healthcare provider present your voucher and state that you are with Humana Vitality. You will **NOT** be required to pay for the noted services. Humana Vitality has agreed to be billed for the noted services provided to you.
3. **Please present this Voucher to the Health Department Provider at the beginning of your visit** so that we can ensure the appropriate services are performed. Health Department Provider will collect this Voucher from you.

The Kentucky Local Health Departments are professional, preventive healthcare clinics located in each county of the Commonwealth. The mission of Public Health is to improve the health and safety of people in Kentucky through *Prevention, Promotion and Protection* using education, service and innovative partnerships.

Once Screening is complete, results could take up to 45 day to appear in your Humana Vitality account.

For Kentucky Health Department Provider

Company Name: **Humana Inc.**
Promotional Code(s): **HUVT**
12/31/2012

Services: **80061, 82962, 99401**
Valid Dates: **1/1/2012 –**

Kentucky Health Department Provider must scan this voucher into the patient record and enter the following information for record:

- Height
- Weight
- BMI
- Blood Pressure
- Waist Circumference,
- Total Cholesterol - HDL, LDL, Triglycerides, Total Chol / HDL ratio
- Glucose

All results need to be entered into the Patient Registration and Patient Encounter along with member **first name, last name, date of birth, gender, and member ID from the member's Humana card.**

Vitality Check – Data Entry

HUMANA Vitality

Process for Entering Screening Information

1. Select an Existing Patient or Enter a new Patient in Patient Registration
2. Enter/Confirm Humana ID
3. Flag as a HumanaVitality Patient in Patient Encounter System/Patient Services/Supplemental screen
4. Perform Screening
5. Enter Screening Results in New Humana Vitality Screening Form
6. Save Information in Patient Encounter System

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This voucher only applies to the services and promotional codes listed above. All other Health Department services are to be charged at standard rate.



Vitality Check Consent Form

Member Name: _____

Member E-mail: _____

Member Date of Birth: _____

Phone #: _____

Member Address: _____

Reside County: _____

Race: _____

Humana ID number: _____

Group #: _____

Primary Care Provider: _____

Number in Household: _____

Measurements Required:

Height

Weight

Waist Circumference

Blood Pressure

Total Cholesterol

Triglyceride

HDL

LDL

The _____ County Health Department has my permission to complete the screening required for HumanaVitality, Vitality Check, and my permission to forward my information, including the screening results, to the HumanaVitality program.

Member Signature: _____

Date of Vitality Check: _____